

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Healthcare Freedom Fund

ADDRESS (number and street) ▼

PO Box 2485

☐ Check if different than previously reported. (ACC)

Springfield

VA

22152

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528414

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joe Grandy

Signature of Treasurer

Joe Grandy

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		76244.44
(b) Cash on Hand at Beginning of Reporting Period.....	94015.85	
(c) Total Receipts (from Line 19)	112750.00	262600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	206765.85	338844.44
7. Total Disbursements (from Line 31)	171476.63	303555.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35289.22	35289.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 12 / 31 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

31250.00

48100.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

31250.00

48100.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

81500.00

214500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

112750.00

262600.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

112750.00

262600.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

112750.00

262600.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	67876.63	100755.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	67876.63	100755.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93600.00	192800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	10000.00	10000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10000.00	10000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	171476.63	303555.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	171476.63	303555.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	112750.00	262600.00
34. Total Contribution Refunds (from Line 28(d))	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	102750.00	252600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	67876.63	100755.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	67876.63	100755.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. James M. Gregory

Mailing Address 339 Roscommon Drive

City

Bristol

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

SJ Investments

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

08 / 03 / 2015

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Joan P. Gregory

Mailing Address 105 Carisil Road

City

Bristol

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 03 / 2015

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

c. John M. Gregory

Mailing Address 105 Carisil Road

City

Bristol

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

08 / 03 / 2015

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Marsha Gregory

Mailing Address 339 Roscommon Drive

City State Zip Code
 Bristol TN 37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
 08 / 03 / 2015

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Peter J. Gunas III

Mailing Address 2105 S. Randolph Street

City State Zip Code
 Arlington VA 22204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Investment Company Institute

Occupation

Gov. Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 08 / 03 / 2015

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Travis Parham

Mailing Address 2048 Breckenridge Drive

City State Zip Code
 Mount Juliet TN 37122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Waller Lansden Dortch & Davis, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 07 / 24 / 2015

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Steven C. Rodger

Mailing Address 44 Harbor Drive

City

Greenwich

State

CT

Zip Code

06830-7018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Equinox Capital

Occupation

Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11AI.4946

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

31250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. ABBVIE POLITICAL ACTION COMMITTEE

Mailing Address 1 N. WAUKEGAN ROAD

City State Zip Code
NORTH CHICAGO IL 60064

FEC ID number of contributing federal political committee. **C** C00536573

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / **30** / **2015**

Transaction ID : SA11C.4963

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 2400 N ST NW

City State Zip Code
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / **28** / **2015**

Transaction ID : SA11C.4971

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE ('HOTELPAC')

Mailing Address 1250 I STREET, NW #1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / **23** / **2015**

Transaction ID : SA11C.4955

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1061 AMERICAN LANE

City State Zip Code
 SCHAUMBURG IL 60173

FEC ID number of contributing
federal political committee.

C C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / **23** / **2015**

Transaction ID : SA11C.4967

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

B. AMERIPRISE FINANCIAL INC. POLITICAL ACTION COMMITTEE (AMERIPRISEPAC)

Mailing Address 101 CONSTITUTION AVENUE NW
 SUITE 912 WEST

City State Zip Code
 WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00414474

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / **03** / **2015**

Transaction ID : SA11C.4907

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 601 13TH STREET, NW
 12TH FLOOR

City State Zip Code
 WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00251876

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / **18** / **2015**

Transaction ID : SA11C.4913

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 601 13TH STREET, NW
12TH FLOOR

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00251876

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SA11C.4924

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ARGENTUM'S SILVER PAC

Mailing Address 1650 KING STREET
SUITE 602

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C C00338020

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SA11C.4936

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD.
SUITE 300

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing
federal political committee.

C C00082917

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SA11C.4969

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. BIOTECHNOLOGY INNOVATION ORGANIZATION PAC (BIO PAC)

Mailing Address 1201 MARYLAND AVE, SW
STE. 900

City State Zip Code
WASHINGTON DC 20024

FEC ID number of contributing
federal political committee.

C C00355677

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / **07** / **2015**

Transaction ID : SA11C.4909

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BLOOMIN' BRANDS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 2202 N. WESTSHORE BLVD.
5TH FLOOR

City State Zip Code
TAMPA FL 33607

FEC ID number of contributing
federal political committee.

C C00253153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / **05** / **2015**

Transaction ID : SA11C.4934

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BRYAN CAVE LLP POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET NW
SUITE 700

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00332643

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / **30** / **2015**

Transaction ID : SA11C.4930

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

7500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 52
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. BWX TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE

Mailing Address 2016 MT. ATHOS ROAD

City	State	Zip Code
LYNCHBURG	VA	24504

FEC ID number of contributing
federal political committee.**C** C00365502

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11C.4932

Amount of Each Receipt this Period

5000.00

B. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing
federal political committee.**C** C00008474

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : SA11C.4915

Amount of Each Receipt this Period

1000.00

C. COZEN O'CONNOR POLITICAL ACTION COMMITTEEMailing Address ONE LIBERTY PLACE
1650 MARKET STREET

City	State	Zip Code
PHILADELPHIA	PA	19103

FEC ID number of contributing
federal political committee.**C** C00312777

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11C.4938

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. FC COMPASSUS, LLC PAC (COMPASSUS PAC)

Mailing Address 12 CADILLAC DRIVE, STE 360

City State Zip Code
BRENTWOOD NC 37027

FEC ID number of contributing
federal political committee.

C C00581728

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / **29** / **2015**

Transaction ID : SA11C.4948

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 750 9TH STREET NW
SUITE 600

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00002261

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / **24** / **2015**

Transaction ID : SA11C.4957

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FINANCIAL SERVICES ROUNDTABLE PAC

Mailing Address 600 13TH STREET, N.W.
SUITE 400

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00193177

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / **03** / **2015**

Transaction ID : SA11C.4905

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 52
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDELITY PAC)

Mailing Address 245 SUMMER STREET

City State Zip Code
 BOSTON MA 02210

FEC ID number of contributing
federal political committee.

C C00380550

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / **17** / **2015**

Transaction ID : SA11C.4926

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. GLAXOSMITHKLINE LLC PAC (GSK PAC)

Mailing Address FIVE MOORE DRIVE
 PO BOX 13358

City State Zip Code
 RES. TRIANGLE PARK NC 27709

FEC ID number of contributing
federal political committee.

C C00199703

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / **21** / **2015**

Transaction ID : SA11C.4928

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GROOM LAW GROUP, CHARTERED POLITICAL ACTION COMMITTEE

Mailing Address 1701 PENNSYLVANIA AVENUE, NW

City State Zip Code
 WASHINGTON DC 20006

FEC ID number of contributing
federal political committee.

C C00394775

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

07 / **24** / **2015**

Transaction ID : SA11C.4893

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. I.P.H.F.H.A. INC. POLITICAL ACTION COMMITTEE INC.

Mailing Address 7829 E. ROCKHILL #201

City
WICHITA

State Zip Code
KS 67206

FEC ID number of contributing
federal political committee.

C C00251447

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / **24** / **2015**

Transaction ID : SA11C.4959

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. INDEPENDENT ELECTRICAL CONTRACTORS INC PAC (IEC PRIDE PAC)

Mailing Address 4401 FORD AVENUE
SUITE 1100

City
ALEXANDRIA

State Zip Code
VA 22302

FEC ID number of contributing
federal political committee.

C C00332031

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / **21** / **2015**

Transaction ID : SA11C.4887

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. INSURED RETIREMENT INSTITUTE POLITICAL ACTION COMMITTEE (IRI PAC)

Mailing Address 1100 VERMONT AVE. NW
10TH FLOOR

City
WASHINGTON

State Zip Code
DC 20005

FEC ID number of contributing
federal political committee.

C C00490474

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / **18** / **2015**

Transaction ID : SA11C.4917

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1301 CONCORD TERRACE

City State Zip Code
SUNRISE FL 33323

FEC ID number of contributing
federal political committee.

C C00469205

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / **09** / **2015**

Transaction ID : SA11C.4954

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 PENNSYLVANIA AVE., NW
NORTH BUILDING, SUITE 1200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00097485

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / **23** / **2015**

Transaction ID : SA11C.4956

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NATIONAL ACTION COMMITTEE (NACPAC)

Mailing Address 3389 SHERIDAN ST.
#424

City State Zip Code
HOLLYWOOD FL 33021

FEC ID number of contributing
federal political committee.

C C00147983

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / **14** / **2015**

Transaction ID : SA11C.4940

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 1212 NEW YORK AVE NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00283135

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / **24** / **2015**

Transaction ID : SA11C.4961

Amount of Each Receipt this Period

1000.00

B. NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE (NECAPAC)

Mailing Address 3 BETHESDA METRO CENTER
SUITE 1100

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing
federal political committee.

C C00113811

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / **19** / **2015**

Transaction ID : SA11C.4919

Amount of Each Receipt this Period

5000.00

C. NATIONAL RETAIL FEDERATION RETAILPAC

Mailing Address 1101 NEW YORK AVENUE, NW
SUITE 1200

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00040329

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / **21** / **2015**

Transaction ID : SA11C.4889

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 52

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. PFIZER INC. PAC

Mailing Address 235 EAST 42ND STREET

City State Zip Code
NEW YORK NY 10017

FEC ID number of contributing
federal political committee.

C C00016683

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

08 / **24** / **2015**

Transaction ID : SA11C.4923

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL COMPOUNDING CENTERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 9901 SOUTH WILCREST DR

City State Zip Code
HOUSTON TX 77099

FEC ID number of contributing
federal political committee.

C C00558452

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / **21** / **2015**

Transaction ID : SA11C.4944

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVENUE, NW
8TH FLOOR

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00431312

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / **10** / **2015**

Transaction ID : SA11C.4911

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. SELF-INSURANCE INSTITUTE OF AMERICA, INC. PAC (SELF-INSURANCE PAC)

Mailing Address 20 F STREET NW
SUITE 700

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00457366

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 21 / 2015

Transaction ID : SA11C.4942

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TREE CARE INDUSTRY ASSOCIATION, INC PAC (THE VOICE FOR TREES PAC)

Mailing Address 136 HARVEY ROAD SUITE 101

City State Zip Code
LONDONDERRY NH 03053

FEC ID number of contributing
federal political committee.

C C00391508

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11C.4950

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 677 WASHINGTON BOULEVARD
C/O PER DYRVIK

City State Zip Code
STAMFORD CT 06901

FEC ID number of contributing
federal political committee.

C C00012245

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 07 / 2015

Transaction ID : SA11C.4965

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 52
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. VEN-PAC

Mailing Address PO BOX 83142

City	State	Zip Code
GAITHERSBURG	MD	20883

FEC ID number of contributing
federal political committee.

C C00369660

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : SA11C.4921

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing
federal political committee.

C C00186288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : SA11C.4952

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

81500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

A. American Airlines

Mailing Address 4333 Amon Carter Boulevard
MD 567

City	State	Zip Code
Fort Worth	TX	76155

Purpose of Disbursement
Airfare

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.5035

Amount of Each Disbursement this Period

678.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Boulevard
MD 567

City	State	Zip Code
Fort Worth	TX	76155

Purpose of Disbursement
Airfare

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.5101

Amount of Each Disbursement this Period

550.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement	Transportation

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4999

Amount of Each Disbursement this Period

20.23

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

20.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015
Transaction ID : SB21B.5017

Amount of Each Disbursement this Period

184.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2015
Transaction ID : SB21B.5077

Amount of Each Disbursement this Period

395.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Andrew Jackson's Hermitage

Mailing Address 4580 Rachels Lane

City Hermitage State TN Zip Code 37076

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015
Transaction ID : SB21B.4993

Amount of Each Disbursement this Period

3398.49

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3398.49

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

Category/
Type

502.89

Category/
Type

1353.30

07 / 06 / 2015

Category/
Type

1201.70

3057.89

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

A. BB&T

00:

2605.91

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. BB&T

MM / DD / YYYY

00

2643.91

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. BB&T

00-

Amount of Each Disbursement this Period

467.50

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

5717.32

FEC Schedule B (Form 3X) Rev. 02/2003

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M' and has 10 pins. The second connector is labeled 'D' and has 23 pins. The third connector is labeled 'Y' and has 2015 pins.

2810.92

1339.20

Three 7-segment displays are shown, each with a 2x4 grid of LEDs. The first display shows '12' with 'M' labels above the top two LEDs. The second display shows '14' with 'D' labels above the top two LEDs. The third display shows '2015' with 'Y' labels above the top four LEDs. The displays are separated by slashes.

Amount of Each Disbursement this Period

793.31

State: District:

4943.43

4943.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Blue Top Cab

Mailing Address 1115 W Broad Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 31 2015
Transaction ID : SB21B.5083

Amount of Each Disbursement this Period

7.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Buca Di Beppo

Mailing Address 1825 Connecticut Ave NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 10 2015
Transaction ID : SB21B.5013

Amount of Each Disbursement this Period

330.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 15 2015
Transaction ID : SB21B.5016

Amount of Each Disbursement this Period

724.79

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund



908.67

[MEMO ITEM]

1937.10

[MEMO ITEM]

67.50

[MEMO ITEM]

0.00

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

A. Capitol Hill Club

Mailing Address 300 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement	
Food & Beverage	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Diagram illustrating the structure of a date stamp:

- Month (M): 10 bits
- Day (D): 15 bits
- Year (Y): 2015 bits

Transaction ID : SB21B.5037

Amount of Each Disbursement this Period

582.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Card Services

Mailing Address PO Box 13337

City	State	Zip Code
Philadelphia	PA	19101

Purpose of Disbursement
Airfare

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

09 / 23 / 2015

Transaction ID : SB21B.4985

Amount of Each Disbursement this Period

550.20

Full Name (Last, First, Middle Initial)

C. Card Services

Mailing Address PO Box 13337

City	State	Zip Code
Philadelphia	PA	19101

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5002

Amount of Each Disbursement this Period

376.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

926.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Card Services

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015
Transaction ID : SB21B.5006

Amount of Each Disbursement this Period

386.30

Full Name (Last, First, Middle Initial)

B. Cava Mezze

Mailing Address 527 8th Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015
Transaction ID : SB21B.5110

Amount of Each Disbursement this Period

386.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Concentric Office, LLC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2015
Transaction ID : SB21B.4981

Amount of Each Disbursement this Period

951.70

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1338.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

A. Country Music Hall of Fame and Museum

Mailing Address 222 5th Ave S

City	State	Zip Code
Nashville	TN	37203

Purpose of Disbursement	
Event Supplies	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.5063

Amount of Each Disbursement this Period

393.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Crystal Parking

Mailing Address 2231 Crystal Drive

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement	Transportation

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5085

Amount of Each Disbursement this Period

Food Type	Number of people
Vegetables	8
Fruits	6
Grains	4
Meat	2
Dairy	1

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DC - Taxi

Mailing Address

City	State	Zip Code
Washington	DC	

Purpose of Disbursement
Transportation

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5087

Amount of Each Disbursement this Period

8.09

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Delta Air Lines, Inc.

Mailing Address P.O. Box 20706

City

Atlanta

State

GA

Zip Code

30320-6001

Purpose of Disbursement

Airfare

002

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2015**Transaction ID : SB21B.5015**

Amount of Each Disbursement this Period

428.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Doggett Parking

Mailing Address 701 9th St NW

City

Washington

State

DC

Zip Code

20001

Purpose of Disbursement

Transportation

002

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015**Transaction ID : SB21B.5090**

Amount of Each Disbursement this Period

17.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Enterprise Rent-A-Car

Mailing Address 1 Terminal Drive

City

Nashville

State

TN

Zip Code

37214

Purpose of Disbursement

Transportation

002

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2015**Transaction ID : SB21B.5108**

Amount of Each Disbursement this Period

146.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

A. Farmers Fishers Bakers

Mailing Address 3000 K Street NW

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.5075

Amount of Each Disbursement this Period

61.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address 7900 Legacy Drive

City	State	Zip Code
Plano	TX	75024

Purpose of Disbursement	Postage

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5073

Amount of Each Disbursement this Period

86.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Grand Ole Opry

Mailing Address 2804 Opryland Drive

City	State	Zip Code
Nashville	TN	37214

Purpose of Disbursement	
Event Supplies	

Candidate Name _____

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5057

Amount of Each Disbursement this Period

35.75

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Hermitage Golf Course

Mailing Address 3939 Old Hickory Boulevard

City Old Hickory State TN Zip Code 37138

Purpose of Disbursement
Event Supplies

003

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 23 2015
Transaction ID : SB21B.5059

Amount of Each Disbursement this Period

52.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hermitage Golf Course

Mailing Address 3939 Old Hickory Boulevard

City Old Hickory State TN Zip Code 37138

Purpose of Disbursement
Entertainment

003

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 24 2015
Transaction ID : SB21B.5040

Amount of Each Disbursement this Period

327.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hermitage Hotel

Mailing Address 231 6th Ave N

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Lodging

003

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 25 2015
Transaction ID : SB21B.5094

Amount of Each Disbursement this Period

1930.36

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Hermitage Hotel

Mailing Address 231 6th Ave N

City

Nashville

State

TN

Zip Code

37219

Purpose of Disbursement

Lodging

002

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
25Y Y Y Y Y Y
2015**Transaction ID : SB21B.5107**

Amount of Each Disbursement this Period

1207.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hertz Rent-A-Car

Mailing Address 30 Lodge Street

City

Albany

State

NY

Zip Code

12207

Purpose of Disbursement

Transportation

002

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
25Y Y Y Y Y Y
2015**Transaction ID : SB21B.5039**

Amount of Each Disbursement this Period

296.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hertz Rent-A-Car

Mailing Address 30 Lodge Street

City

Albany

State

NY

Zip Code

12207

Purpose of Disbursement

Transportation

002

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
25Y Y Y Y Y Y
2015**Transaction ID : SB21B.5064**

Amount of Each Disbursement this Period

482.49

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. House Gift Shop

Mailing Address Longworth Bldg.

City Washington State DC Zip Code 20515

Purpose of Disbursement
Event Supplies

003

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2015
Transaction ID : SB21B.5049

Amount of Each Disbursement this Period

41.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. House Gift Shop

Mailing Address Longworth Bldg.

City Washington State DC Zip Code 20515

Purpose of Disbursement
Event Supplies

003

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : SB21B.5065

Amount of Each Disbursement this Period

23.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Johnny's Half Shell

Mailing Address 400 North Capitol St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Food & Beverage

003

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015
Transaction ID : SB21B.5028

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Johnny's Half Shell

Mailing Address 400 North Capitol St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 30 2015
Transaction ID : SB21B.5030

Amount of Each Disbursement this Period

556.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Kaegi Resources

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 02 2015
Transaction ID : SB21B.4996

Amount of Each Disbursement this Period

14000.00

Full Name (Last, First, Middle Initial)

C. Machado & Co.

Mailing Address 6111 Newman Road

City Fairfax State VA Zip Code 22030-5918

Purpose of Disbursement
Fundraising Consulting & Expenses (SEE MEMOS)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 02 2015
Transaction ID : SB21B.4994

Amount of Each Disbursement this Period

23422.86

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37422.86

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

A. Machado & Co.

Mailing Address 6111 Newman Road

City	State	Zip Code
Fairfax	VA	22030-5918

Purpose of Disbursement

Fundraising Consulting

Candidate Name _____

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5067

Amount of Each Disbursement this Period

22525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Machado & Co.

Mailing Address 6111 Newman Road

City	State	Zip Code
Fairfax	VA	22030-5918

Purpose of Disbursement
Fundraising Expenses (SEE MEMOS)

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.5001

Amount of Each Disbursement this Period

2741.84

Full Name (Last, First, Middle Initial)

C. Machado & Co.

Mailing Address 6111 Newman Road

City	State	Zip Code
Fairfax	VA	22030-5918

Purpose of Disbursement
Fundraising Expenses (SEE MEMOS)

Candidate Name _____

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5003

Amount of Each Disbursement this Period

2561.93

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5303.77

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

A. Machado & Co.

Mailing Address 6111 Newman Road

City	State	Zip Code
Fairfax	VA	22030-5918

Purpose of Disbursement	Fundraising Expenses (SEE MEMOS)

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5004

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Margaritaville Island Hotel

Mailing Address 131 The Island Drive

City	State	Zip Code
Pigeon Forge	TN	37863

Purpose of Disbursement	Lodging
1. Travel	
2. Entertainment	
3. Office	
4. Personal	
5. Other	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5099

Amount of Each Disbursement this Period

502.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mastro's Steakhouse

Mailing Address 600 13th St NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5044

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

90.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Parkmobile USAMailing Address 3200 Cobb Galleria Parkway
Suite 100

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015**Transaction ID : SB21B.5046**

Amount of Each Disbursement this Period

5.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Parkmobile USAMailing Address 3200 Cobb Galleria Parkway
Suite 100

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2015**Transaction ID : SB21B.5055**

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Parkmobile USAMailing Address 3200 Cobb Galleria Parkway
Suite 100

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 04 / 2015**Transaction ID : SB21B.5054**

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Healthcare Freedom Fund

A. Reagan National Airport - Parking

Mailing Address 2401 Smith Blvd

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement	Transportation

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 10/22/2015 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '22' for the day, and the third shows '2015' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Transaction ID : SB21B.5051

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Rock Center Cafe

Mailing Address 20 West 50th Street

City	State	Zip Code
New York	NY	10020

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5023

Amount of Each Disbursement this Period

156.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. San Carlos Hotel

Mailing Address 20 West 50th Street

City	State	Zip Code
New York	NY	10022

Purpose of Disbursement	Lodging
1. Travel	
2. Entertainment	
3. Meals	
4. Other	
5. Total	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.5025

Amount of Each Disbursement this Period

1374.73

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. San Carlos Hotel

Mailing Address 20 West 50th Street

City New York State NY Zip Code 10022

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 23 2015
Transaction ID : SB21B.5068

Amount of Each Disbursement this Period

670.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. San Carlos Hotel

Mailing Address 20 West 50th Street

City New York State NY Zip Code 10022

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 22 2016
Transaction ID : SB21B.5079

Amount of Each Disbursement this Period

48.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Shell

Mailing Address 580 Donelson Pike

City Nashville State TN Zip Code 37214

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 25 2015
Transaction ID : SB21B.5105

Amount of Each Disbursement this Period

15.73

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 52

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Sheraton Nashville Downtown

Mailing Address 623 Union Street

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 26 2015
Transaction ID : SB21B.5043

Amount of Each Disbursement this Period

924.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheraton Nashville Downtown

Mailing Address 623 Union Street

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2015
Transaction ID : SB21B.4991

Amount of Each Disbursement this Period

4706.49

Full Name (Last, First, Middle Initial)

C. Square, Inc.Mailing Address 1455 Market Street
Suite 600

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 24 2014
Transaction ID : SB21B.5097

Amount of Each Disbursement this Period

22.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4706.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 52

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 800 Third Avenue

City New York State NY Zip Code 10022

Purpose of Disbursement
Event Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2015
Transaction ID : SB21B.5069

Amount of Each Disbursement this Period

14.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TJ Maxx

Mailing Address 3222 M Street NW

City Washington State DC Zip Code 20007

Purpose of Disbursement
Event Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015
Transaction ID : SB21B.5071

Amount of Each Disbursement this Period

127.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UberMailing Address 1455 Market Street
4th Floor

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2015
Transaction ID : SB21B.5102

Amount of Each Disbursement this Period

4.50

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 52

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address 15 Independence Ave SE

City Washington State DC Zip Code 20515

Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 09 / 2016
Transaction ID : SB21B.5048

Amount of Each Disbursement this Period

36.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : SB21B.5012

Amount of Each Disbursement this Period

471.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

67836.63

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Healthcare Freedom Fund

A. NRCC

011

Category/
Type

State: District:

1000.00

B. NRCC

Three digital displays are shown, each with a grid of small squares above the main number. The first display shows '07' with two squares above it. The second display shows '27' with two squares above it. The third display shows '2015' with four squares above it.

011

Category/
Type

State: District:

33400.00

C. NRCC

011

Category/
Type

State: District:

9200.00

43600.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Healthcare Freedom Fund

A. NRCC

Date of Disbursement

Transaction ID : SB23.5007

011

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

50000.00

B.

Date of Disbursement

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

50000.00

93600.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

Healthcare Freedom Fund

011

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

5000.00

08 / 03 / 2015

011

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

5000.00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

10000.00

10000.00